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ABSTRACT

The Department of Human Development at Prince George's Community College has developed a contingency contracting model for the department's counseling and student services which presents planning and evaluation as interrelated parts of the same process of self-imposed accountability. The implementation of the model consisted of: (1) planning processes; (2) assessment of college and community needs; (3) deductive development of departmental goals and objectives based on the defined needs; (4) definitions of the functions of student development staff, including student advising, individual counseling, crisis intervention, health services, staff development, faculty liaison, college articulation, institutional maintenance, special programs, and new program development; (5) projection of staff requirements for each function; (6) participation of staff members in the allocation of their time based on personal interests and departmental requirements; and (7) program and staff evaluation. The bulk of the report consists of appendices detailing the various elements of the contingency contracting model and providing relevant planning and evaluation forms. (LAL)

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Model for Contingency Contracting

July 1, 1983

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Prince George's Community College
Department of Human Development

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INTRODUCTION

Both the professional and popular literature today abound with pleas for accountability in education. The taxpayer is voting to hold the line on expenditures; new subpopulations of students are demanding relevant programs and services; faculty are vying for a larger share of decreasing budgets; and counselors are being asked more than ever before to substantiate the legitimacy of their functions in the educational process.

Our traditional responses to these demands for accountability have been defensive and too often we have asserted that it is impossible to measure what we do; therefore, the college must accept on faith the importance of our functions and the attendant requests for a significant portion of the college's resources. One need not have a crystal ball to predict that, as the dollar continues to shrink, that faith may be shaken badly.

Whether we like it or not, our programs and personnel are constantly being evaluated by other members of the college community. The challenge before us is to develop a system of accountability that moves evaluation out of the threatening environment of coffee klatch whispers to a reasoned process that is consistent with the human development goals which we profess. The evaluation dilemma faced by counseling administrators is not whether to evaluate--but how.

As a consequence, the Human Development Department has developed a contingency contracting model for self-imposed accountability which presents planning and evaluation as two interrelated parts of the same process. This model is designed to assess college and community needs, develop goals and objectives for services, identify service needs by functions, project staffing requirements for those functions, allow for diversity in individual staff assignments, and provide indices for measuring achievement of program and personal growth objectives.

Contingency contracting will not drastically change the way the Human Development Department operates, but it will:

A. provide a vehicle for evaluating individual staff members
B. provide a vehicle for evaluating the role of the Department in the College
C. provide opportunity for each person to chart his/her own course within the boundaries of our mandate
D. provide a vehicle for effectively and efficiently allocating our staff resources
E. provide opportunity to most efficiently use "up" and "down" periods
F. provide the opportunity for staff to try innovative and new counseling techniques in the Department.

CONTINGENCY CONTRACTING MODEL

The following illustrates the implementation of a contingency contracting model for planning and evaluation in the Department of Human Development at Prince George's Community College.

Planning Processes

Planning processes include development of department goals and objectives based on assessment of needs, definition of functions to achieve those objectives, projection of staffing requirements to support functions, identification of available staff resources and assignment of resources in accordance with staff preferences and functional requirements.

Needs Assessment

Any needs assessment process must begin with the question: "Whose needs are to be assessed?" If goals and objectives are to be rooted in

educational and political reality, it will be important to consider the needs of the service community, the needs of students, the needs of staff and the maintenance needs of the institution.

Development of Goals and Objectives

Goals may be developed deductively by translating the defined needs of the community, the students, the staff and the college into priorities for action. Conversely, goals may be developed inductively by observing current staff functions and preparing umbrella statements which legitimize those functions. The former approach, although it is more risky since functions may have to change, is far more consistent with a consumer-oriented approach to planning.

Objectives provide specific action plans for achievement of goals. Good objectives should specify what is to be done, who is responsible, when it is to be achieved and how the achievement will be measured. Evidences of achievement which are not quantifiable may be described qualitatively. For example, indices of student satisfaction may be a good indicator of the quality of personal counseling services or of registration procedures.

Definition of Functions

Historically, much of the misunderstanding associated with student development services has resulted from our failure to clearly define in functional terms our expectations of student development staff. Moreover, the lack of functional definitions has made both program and personnel evaluation nearly impossible. The following ten functions have been identified at Prince George's Community College by systematically surveying students' self-reported counseling needs, reviewing college-wide goals and objectives and analyzing historical service work load reports; student advising, individual counseling, crisis intervention, health services, staff development, faculty liaison, college articulation, institutional maintenance, special programs, new program development and implementation,

and testing function.

Projection of Staff Requirements

After human development functions have been identified and defined, the next step in the contingency contracting process is to determine the staff requirements for delivery of services within each function. This is a two-stage process which requires, first, estimating the amount of staff time needed for each function and then tempering those estimates with the reality of available staff resources.

Staff time is allocated to the departmental functions based on program priorities. These priorities are determined by reviewing industrial goals and objectives, service demands as reflected in annual and monthly service reports from previous years and enrollment projections for the coming year. Allocations of staff time will change from year to year as functional service requirements change and the data base allows for more sophisticated projections.

Staffing Assignments

After departmental priorities and functional staffing requirements have been determined, the contracting process allows each staff member an opportunity to participate in the allocation of his or her time. While assuring that institutional objectives are met, this model also:

1. allows for staff participation in the planning process
2. eliminates ambiguity about the diversity of assignments among staff
3. allows for changes in work assignments from year to year consistent with personal growth goals
4. fosters shared investments in and joint ownership of program and personal growth objectives between staff members and the administrators

5. provides the parameters for both program and personnel evaluations.

Procedurally, each staff member is given a copy of the departmental functions, together with the index of total staff months estimated for achievement of each function. Staff members then allocate their time to the various functions based on their own personal interests. If the total of all individual requests fails to meet departmental requirements for a given function, the Director then must negotiate with staff members until staff requests equal departmental requirements. This negotiated contract becomes the standard against which each staff member's performance will be evaluated.

Evaluation of Contingency Contracting

One component of the contingency contracting process involves the evaluation of staff and programs. Program evaluation includes both measures of activity and measures of impact to assess the effectiveness of counseling functions in meeting college and community needs. Outcomes are critical data for modifying goals and objectives for the next planning cycle. Evaluation yields an index of congruity between the actual use of staff resources and the intended use of staff resources. This process not only influences decisions about program continuation and termination, it also involves identification of alternative means for implementing programs.

Staff evaluations measure the effectiveness of the counselors in delivering programs to the college community. The efficiency, integrity and accuracy with which evaluation data is collected and processed is critical because valid and reliable staff evaluations are essential in the determination of whether or not our programs are worthwhile.

Summary

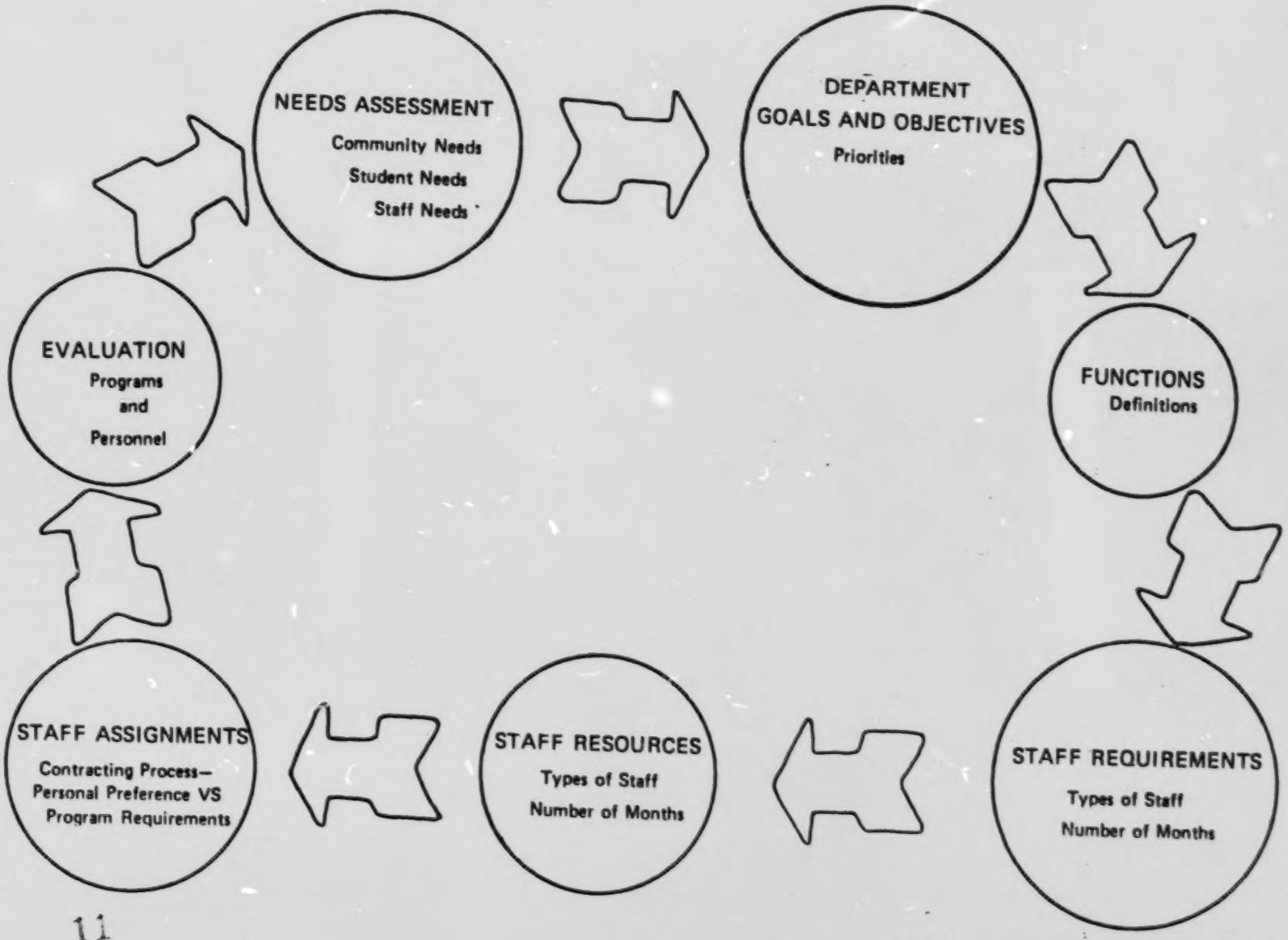
Accountability is no longer a faddish catch phrase but rather a prerequisite for survival of student development services in a time of shrinking fiscal resources. To respond to this challenge with the context of a human development orientation, it is imperative that planning and evaluation processes be developed which assure achievement of institutional objectives and also facilitate the growth of individual staff members.

The contingency contracting model represents one systematic process for identifying service needs by functions and projecting staffing requirements for implementation of those functions. Further, it allows for diversity in individual staff assignments and provides indices for measuring achievement of both program and personal growth objectives. The use of evaluation information in the assessment of college and community needs complete the planning cycle.

APPENDIX A

CONTINGENCY CONTRACTING MODEL

Appendix A



APPENDIX B

PRINCE GEORGE'S COMMUNITY COLLEGE

Staffing Requirements for Human Development Functions 1983-84

Programs	Work Load Indicators	Type of Staff	No. Hours	No. Months	Totals
I. Student Advising					
A. Largo Campus					
1. New Student test interpretation-group	9064 x 15 minutes	Counselors	2266	13.09	
2. New student test interpretation--individual (appointment/walk-ins)	8000 x 15 minutes	Counselors	2000	10.81	
3. New student course selection	10,140 x 15 minutes	Ed. Advisors S.A. Advisors	2535	14.32	
4. Probations and re-admit interviews	1494 x 30 minutes	Counselors	747	4.29	
5. Currently enrolled advising	10,974 x 30 minutes	Counselors Ed. Advisors	5487	20.21	
6. Currently enrolled course selection	10,150 x 20 minutes	Ed. Advisors	3383	18.77	
7. Pre-admission	2500 x 15 minutes	Counselors Ed. Advisors S.A. Advisors	625	3.20	
8. Credit by Exam	130/yr. x 3 minutes	Supervisor/ Testing	6.50	.04	
9. Pre-Test Advising	130/yr. x 3 minutes	Supervisor/ Testing	6.50	.04	
B. Degree & Extension Centers					
1. Probations and readmit interviews	50 x 30 minutes	Counselors	25	.13	
2. Currently enrolled advising	3570 x 30 minutes	Counselors S.A. Advisors	1785	9.72	

PRINCE GEORGE'S COMMUNITY COLLEGE

Staffing Requirements for Human Development Functions 1983-84

Programs	Work Load Indicators	Type of Staff	No. Hours	No. Months	Totals
3. Currently enrolled course selection	2700 x 20 minutes	S.A. Advisors	900	5.38	
4. In-person registration	A-4 per yr. x 3 staff x 3 hours	Counselors S.A. Advisors	36	.19	
	S-2 per yr. x 2 staff x 3 hours	Counselors S.A. Advisors	12	.06	
	L-2 per yr. x 2 staff x 3 hours	Counselors S.A. Advisors	12	.06	
	O-7 per yr. x 1 staff x 3 hours	Counselor	21	.10	19,847 hrs. 110.41 mos.
II. Individual Counseling					
A. Largo Campus					
1. By appointment	591 x 1 hour	Counselors	591	3.26	
2. Intake	374 x 30 minutes	Counselors	187	1.04	778 hrs. 4.30 mos.
III. Crisis Intervention					
A. Consultation with other staff	55 x 1 hour	Psychologist	55	.28	
B. Psychological testing and evaluation	82 x 1 hour	Psychologist	82	.42	
C. Individual consultation	1640 x 45 minutes	Psychologist	1230	6.88	1367 hrs. 7.58 mos.
IV. Health Services					
A. Care for illnesses	1850 x 15 minutes	Full & Part-time nurses	462.5	2.56	
B. Medications	1097 x 5 minutes	Full & Part-time nurses	91.4	.54	
C. Care for injuries	546 x 15 minutes	Full & Part-time nurses	136.5	.72	
D. Treatments	1890 x 10 minutes	Full & Part-time nurses	315	1.83	
E. Health Counseling	595 x 30 minutes	Full & Part-time nurses	297.5	1.64	

PRINCE GEORGE'S COMMUNITY COLLEGE

Staffing Requirements for Human Development Functions 1983-84

Programs	Work Load Indicators	Type of Staff	No. Hours	No. Months	Totals
F. Hypertension Monitoring	1312 x 10 minutes	Full & Part-time nurses	218.7	1.27	
G. Assistance to disabled	555 x 30 minutes	Full & Part-time nurses	277.5	1.46	
H. Preventive Medicine	86 hrs./hr. x 4 staff	Full & Part-time nurses	344	1.83	
I. Supervisory activities	385.24 hrs./yr.	Nurse Supervisor	385.24	2.20	
J. Administrative support	162.5 hrs./yr. x 4 staff	Full & Part-time nurses	650	3.67	
K. Consultation with Physician	8 hrs./mo. x 10 months	Full & Part-time nurses	80	.37	
L. Referrals	430 x 10 minutes	Full & Part-time nurses	71.66	.37	3330 hrs. 18.46 mos.
V. Staff Development					
A. For Student Affairs Division (planning, implementation)	15 meetings/yr. x 2 hrs. meeting x 4 staff	Clinical Psy. Counselors Ed. Advisors	120	.66	
B. Human Development staff meetings	22 meetings/yr. x 2 hrs. meeting x 25 staff	Clinical Psy. Counselors Ed. Advisors S.A. Advisors Nurses (2 F/T) Testing Services	1100	6.11	
C. Attending on/off campus workshops	8 staff x 7 hrs. x 1 yr.	Clinical Psy. Counselors Ed. Advisors S.A. Advisors Testing Services	56	.31	
	other 10 staff x 15 hrs. per yr.	Counselors Ed. Advisors S.A. Advisors	150	.84	

PRINCE GEORGE'S COMMUNITY COLLEGE

Staffing Requirements for Human Development Functions 1983-84

Programs	Work Load Indicators	Type of Staff	No. Hours	No. Months	Totals
D. Professional meetings	8 F/T Counselors x 8 hrs. x 3 da. per yr.	Clinical Psy. Counselors	192	1.06	
E. Staff development workshops	25 staff x 10/yr. x 3 hrs.	Clinical Psy. Counselors Ed. Advisors S.A. Advisors Nurses Testing Services	750	4.16	
F. Health Services staff meeting	11/yr. x 2 hrs. x 4 F/T and P/T	Full & Part-time nurses	88	.49	
On-campus workshops	10/yr. x 3 hrs. x 4 F/T and P/T	Full & Part-time nurses	120	.68	
Off-campus workshops/ Professional meetings	8 days/yr. x 7.5 hrs. x 2 staff	Full-time	120	.68	
G. Planning/Implementing health related staff development programs	3/yr. x 5 hrs. x 2 staff	Full-time	30	.17	2726 hrs. 15.16 mos.
VI. Faculty Liaison					
A. Largo Campus					
1. Attend Division & Department faculty meetings	5/mo. x 2 hrs. x 10 mo.	Counselors Advisor	100	.56	
2. Individual Consultation	313 x 2 hrs.	Counselors Advisor	626	3.50	
3. Assistance in Developmental Studies roles	1 hr./section of DVM (59 sections)	Counselor	59	.30	
B. Degree and Extension Centers					
1. Individual consultation	77 x 1 hr.	Counselor	77	.38	
C. Health Services					
1. Individual Consultation	60/yr. x 30 minutes	Full & Part-time nurses	30	.16	
2. Presentations at meetings	8.75 hrs./yr. x 4 staff	Full & Part-time nurses	35	.19	927 hrs. 5.09 mos.

PRINCE GEORGE'S COMMUNITY COLLEGE

Staffing Requirements for Human Development Functions 1983-84

Programs	Work Load Indicators	Type of Staff	No. Hours	No. Months	Totals
VII. College Articulation					
A. Visitation to other colleges	4 hrs. x 10 staff	Counselor	40	.16	
B. Consultation with other colleges	197 hrs. per year	Counselor	197	.92	
C. Provide information to students	21 hrs./wk. x 42 weeks	Counselor Advisor	882	4.82	1119 hrs. 5.90 mos.
VIII. Institutional Maintenance					
A. Faculty Senate	217 hrs./yr.	Counselor	217	1.15	
B. Classified Staff Organization	10 meetings/yr. x 3 hrs. x 2 staff	Advisors	60	.33	
C. Member/officer of college-wide committees	24 hrs. per yr. x 4 staff	Counselor Advisor	96	.55	
D. Advisor to College Committee	159 hrs./yr.	Full & Part-time	159	.88	
E. CSO Meetings	7 meetings x 2 hrs.	Testing Supervisor/ Technician Advisor	14	.10	
F. Advisor to College Staff/Committees	168 hrs./yr.	Clinical Psychologist	168	.90	714 hrs. 3.91 mos.
IX. Special Programs					
A. Faculty advisor workshop (Intensive pre-service)	37.5 hrs. x 2 wks. x 3 staff	Counselor Advisor	225	1.28	
B. Faculty advisor workshop (Update)	6 hrs./wk. x 4 wks. x 2 staff	Counselor	48	.27	
C. Faculty advising manual	16 hrs./yr.	Counselor Advisor	16	.10	
D. Articulation manual	16 hrs./yr.	Counselor Advisor	16	.10	
E. Transfer manual (for students)	16 hrs./yr.	Counselor Advisor	16	.10	

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PRINCE GEORGE'S COMMUNITY COLLEGE

Staffing Requirements for Human Development Functions 1983-84

Programs	Work Load Indicators	Type of Staff	No. Hours	No. Months	Totals
F. Day-of-the-Owl	24 visits x 6 hrs. x 5 staff	Counselor Advisor	720	4.01	
G. Veterans Visitation	7 hrs./yr.	Counselor Advisor	7	.05	
H. Training/Supervision of Graduate Interns	7 hrs./wk. x 20 weeks	Counselor Advisor	140	.80	
I. Orientation of new members	8 hrs./yrs. x 10 staff	Counselor	80	.45	
J. Leadership Training	25 hrs./yr.	Counselor	25	.14	
K. New Staff Screening Committee	35 hrs./yr. x 3 staff	Counselor Advisor	105	.60	
L. Evaluation	12 hrs./yr. x 10 staff	Counselor Advisor	120	.68	
M. Consultation and Referral with Academic Departments	190 hrs. x 2 staff	Counselor Advisor	380	2.10	
N. New Student Orientation					
1. Largo Campus	5 hrs./yr. x 15	Counselor Advisor	75	.43	
2. Degree Centers	30 hrs./yr. x 7 staff	Counselor Advisor	210	1.19	
O. Health Services					
1. Student Clubs Advisement	97 hrs./yr.	Full-time	97	.55	
2. Student Club Activities	117 hrs./yr.	Full & Part-time	117	.67	
3. Anxiety Clinics/ Class Presentations/ Speaking Engagements/ BP Screenings	138 hrs./yr.	Full & Part-time	138	.78	

PRINCE GEORGE'S COMMUNITY COLLEGE

Staffing Requirements for Human Development Functions 1983-84

Programs	Work Load Indicators	Type of Staff	No. Hours	No. Months	Totals
4. Peer Evaluation	4 hrs./yr.	Full & Part-time	4	.02	
5. New Student Orientation	26 hrs./yr.	Full & Part-time	26	.15	
P. Public School Visitation					
1. High Schools	3.5 hrs. x 5 schools	Counselor	17.5	.10	
2. Junior High Schools	3.5 hrs. x 41 schools	Counselor	143.5	.81	
Q. Testing Services					
1. Day-of-the-Owl	5/yr. x 3.5 hrs.	Technician/ Advisor	17.5	.10	
2. Aptitude/Competency Testing for Non-credit Programs	16/yr. x 2.5 hrs.	Supervisor Technician/ Advisor	40	.22	
3. Testing Research	9.35 hrs./mo. x 10 mos.	Supervisor	93.5	.52	2877 hrs. 16.22 mos.
X. Testing Services					
A. Testing Sessions					
1. Largo Campus					
a. CGP	9/wk. x 2.5 hrs. x 5 wks.	Supervisor Technician/ Advisor	1125	6.25	
b. Michigan Test	2/wk. x 3 hrs. x 50 wks.	Supervisor Technician/ Advisor	300	1.66	
c. Algebraic Concepts Test	1/wk. x 2 hrs. x 50 wks.	Technician/ Advisor	100	.56	
d. CGP Reading Retest	3/wk. x .75 hrs. x 50 wks.	Supervisor Technician/ Advisor	112.5	.63	
e. CGP Math Retest	3/wk. x 1 hr. x 50 wks.	Supervisor Technician/ Advisor	150	.81	
f. DTLS Reading	3/wk. x .75 hrs. x 50 wks.	Supervisor Technician/ Advisor	112.5	.63	

PRINCE GEORGE'S COMMUNITY COLLEGE

Staffing Requirements for Human Development Functions 1983-84

Programs	Work Load Indicators	Type of Staff	No. Hours	No. Months	Totals
g. Writing Sample & DTLS Usage	3/wk. x 1.5 hrs. x 50 wks.	Supervisor Technician/ Advisor	225	1.25	
h. DTLS Math	3/wk. x .75 hrs. x 50 wks.	Supervisor Technician/ Advisor	112.5	.63	
i. Calculus Readiness Test	3/wk. x .75 hrs. x 50 wks.	Supervisor Technician/ Advisor	112.5	.63	
j. Auto Mechanics	8/yr. x 5 hrs.	Technician/ Advisor	40	.23	
k. Real Estate	10/yr. x 6 hrs.	Technician/ Advisor	60	.33	
l. ACT PEP Tests	6/yr. x 9 hrs.	Technician/ Advisor	54	.31	
m. ARRT	3/yr. x 6 hrs.	Technician/ Advisor	18	.10	
n. Challenge Exams	10/yr. x 9 hrs.	Technician/ Advisor	90	.49	
B. Administrative Support	7.5 hrs./wk.	Supervisor	375	2.64	
C. Supervisory Activities	2.25 hrs./wk. 1.75 hrs./wk.	Supervisor Technician/ Advisor	112.5 87.5	1.10	3187 hrs. 17.71 mos.
XI. New Program Development and Implementation					
A. Counseling/Advising	88.10 hrs./yr. x 10 staff	Counselor Advisor	881	4.98	
B. Health Services	121.5 hrs./yr. x 2 staff	Full & Part-time	243	1.42	1124 hrs. 6.40 mos.
TOTAL STAFFING REQUIREMENTS					38013 hrs. 211.14 mos.

APPENDIX C

PRINCE GEORGE'S COMMUNITY COLLEGE

DEPARTMENT OF HUMAN DEVELOPMENT

PROJECTED STAFFING REQUIREMENTS 1973-74 TO 1983-84

	PROJECTED MONTHS OF STAFF TIME						
Function	1973-74	1976-77	1979-80	1980-81	1981-82	1982-83	1983-84
Student Advising	21.7	74.4	121.14	113.11	108.71	110.41	110.41
Individual Counseling	28.1	24.5	5.10	5.03	4.30	4.30	4.30
Crisis Intervention	7.9	34.4	7.6	7.58	7.58	7.58	7.58
Health Services*	---	---	19.63	18.46	18.46	18.46	18.46
Staff Development	13.3	18.5	13.96	15.18	15.26	15.16	15.16
Faculty Liaison	6.4	6.4	5.33	5.64	5.09	5.09	5.09
College Articulation	2.1	4.7	7.39	7.39	6.90	5.90	5.90
Institutional Maintenance	2.5	3.0	3.96	4.76	3.91	3.91	3.91
Special Programs	---	---	11.40	25.91	16.82	16.22	16.22
New Program Development	---	---	5.68	7.08	6.40	6.40	6.40
Outreach Counseling	15.2	28.3	---	---	---	---	---
Seminars	3.2	---	---	---	---	---	---
Testing Services**	---	---	---	---	17.71	17.71	17.71
TOTALS	100.4	194.2	201.19	210.14	211.14	211.14	211.14

*Health Services were included under other functions such as Crisis Intervention in previous years.

**Testing Services came under the umbrella of Human Development in August, 1982.

ACTUAL WORK TIME 1983-84

Hours	Months	
3744	20.8	Testing Staff
14515	80.6	Counselors (Largo)
3312	18.4	Off-Campus Counselors
7488	41.6	Ed. Advisors (Largo)
2448	13.6	S.A. Advisors (Off-Campus)
1872	10.4	Clinical Psychologist
4634	25.74	Nursing Staff
38013	211.14	TOTAL

PROJECTED WORK TIME 1983-84

Hours	Months	
19847	110.41	Advising
778	4.30	Individual Counseling
1367	7.58	Crisis Intervention
3330	18.46	Health Services
2726	15.16	Staff Development
927	5.09	Faculty Liaison
1119	5.90	Articulation
714	3.91	Institutional Maintenance
2876	16.22	Special Programs
1124	6.40	New Programs
3205	17.71	Testing Services
38013	211.14	TOTAL

APPENDIX D

PRINCE GEORGE'S COMMUNTIY COLLEGE

DEPARTMENT OF HUMAN DEVELOPMENT

SERVICE DELIVERY STAFF RESOURCE 1983-1984

COUNSELORS (Minimum Preparation: Master's Degree)

Largo Campus	Contracted Time	Actual Work Months	Hours
Counselor #1	12 mo.	10.4 mo.	1872
Counselor #2	12 mo.	10.4 mo.	1872
Counselor #3	12 mo.	10.4 mo.	1872
Counselor #4	12 mo.	10.4 mo.	1872
Counselor #5	12 mo.	10.4 mo.	1872
Counselor #6	12 mo.	10.4 mo.	1872
Counselor #7	10 mo.	8.6 mo.	1548
Counselor #8	10 mo.	8.6 mo.	1548
Counselor #9*	12 mo.	1.0 mo.	187
SUBTOTAL.....		80.6 mo.	14515 hrs.
Off Campus Centers			
Counselor #11	18 hrs./week	4.8 mo.	864
Counselor #12	18 hrs./week	4.8 mo.	864
Counselor #13	18 hrs./week	4.4 mo.	792
Counselor #14	18 hrs./week	4.4 mo.	792
SUBTOTAL.....		18.4 mo.	3312 hrs.

CLINICAL PSYCHOLOGIST (Ph.D. plus appropriate license)

SUBTOTAL	12 mo.	10.4 mo.	1872 hrs.

EDUCATIONAL ADVISORS (Minimum preparation: Bachelor's Degree)

Largo Campus			
Advisor #1	12 mo.	10.4 mo.	1872
Advisor #2	12 mo.	10.4 mo.	1872
Advisor #3	12 mo.	10.4 mo.	1872
Advisor #4	12 mo.	10.4 mo.	1872
SUBTOTAL.....		41.6 mo.	7488 hrs.

STUDENT AFFAIRS ADVISORS (Minimum Preparation: Bachelor's Degree)

Off Campus Centers			
Advisor #1	18 hrs./week	4.8 mo.	864
Advisor #2	18 hrs./week	4.4 mo.	792
Advisor #3	18 hrs./week	4.4 mo.	792
SUBTOTAL.....		13.6 mo.	2448 hrs.

* Counselor #9 has temporarily been assigned to Career Planning for 9.4 months during 1983-84.

PRINCE GEORGE'S COMMUNITY COLLEGE

DEPARTMENT OF HUMAN DEVELOPMENT

SERVICE DELIVERY STAFF RESOURCE 1983-1984

NURSING STAFF (Minimum preparation: R.N.)

Largo Campus	Contracted Time	Actual Work Months	Hours
Nursing Supervisor	12 mo.	10.4 mo.	1872
Evening Nurse	12 mo.	10.4 mo.	1872
On-Call Nurse	Part-time	4.94 mo.	890
SUBTOTAL.....		25.74 mo.	4634 hrs.

TESTING STAFF

Supervisor	12 mo.	10.4 mo.	1872
Technician/Advisor	12 mo.	10.4 mo.	1872
SUBTOTAL.....		20.8 mo.	3744 hrs.
TOTAL STAFF RESOURCES.....		211.14 mo.	38013 hrs.

APPENDIX E

PRINCE GEORGE'S COMMUNITY COLLEGE
DEPARTMENT OF HUMAN DEVELOPMENT
INDIVIDUAL STAFF ASSIGNMENTS IN MONTHS

Staff Member	Student Advising	Individual Counseling	Crisis Intervention	Staff Development	Faculty Liaison	College Articulation	Institutional Maintenance	Special Programs	New Program Development & Implementation	Health Services	Testing Services	Total Months
Tayal			7.58	1.92			.90					10.4
Dresner	6.70	.80		.50	.20	.50	.20	.50	1.00			10.4
Ferguson	7.05	.20		.50	.30	1.83	.16	.36				10.4
Johns	7.25	.50		.50	.75	.20	.25	.95				10.4
Johnson	6.00	1.00		.50	.30	.50		.30				8.6
Kelly	1.00											1.0
Marinaccio	6.50	.35		1.03	.87	.40	.05	.70	.50			10.4
Morrison	5.00	1.00		.50	.50	.50	.50	2.40				10.4
Sanders	6.75	.20		.20	.55	.40	.30	.20				8.6
Wise	7.50	.25		.62	.77	.47	.35	.44				10.4
Garkusha	4.10			.40				.30				4.8
Greene	4.00			.50					.30			4.8
Labukas	3.65			.40	.05	.20	.02	.03	.05			4.4
Price	3.90			.50								4.4
Alford	8.40			.55		.35	.20	.65	.25			10.4
Asuncion	8.25			.60	.05			1.00	.50			10.4
Goodman	6.54			.40		.25		2.50	.71			10.4
Jones	7.25			.50		.30		1.70	.65			10.4
Doty	3.00			.50	.40			.68	.22			4.8
Flagg-Tallon	3.05			.50				.50	.35			4.4
Lubey	3.45			.50					.45			4.4
Fishel				1.06	.19		.44	.87	.79	7.05		10.4
Scott				1.06	.15		.41	1.05	.63	7.10		10.4
Nurse P/T				.34	.01		.03	.25		4.31		4.94
Ash	.08			.54			.05	.67			9.06	10.4
Van Cleef	.99			.54			.05	.17			8.65	10.4
TOTALS	110.41	4.30	7.58	15.16	5.09	5.90	3.91	16.22	6.40	18.46	17.71	211.4

APPENDIX F

APPENDIX F 1-7

F-1 College Articulation

F-2 Contingency Contracting
Goals and Objectives

F-3 Divisional Liaison

F-4 Intake Procedures

F-5 Monthly Progress Report

F-6 Monthly Report Form

- Counselor
- Educational Advisor
- Student Affairs Advisor
- Psychologist
- Health Services
- Testing

F-7 Staff Evaluation Forms

- Counselor
- Counselor Assigned to Career Planning
- Educational Advisor
- Student Affairs Advisor
- Psychologist
- Health Services

APPENDIX F-1

DEPARTMENT OF HUMAN DEVELOPMENT

COLLEGE ARTICULATION

MONTHLY REPORT

COUNSELOR_____ MONTH_____

College/University_____

Name/Title of Contact_____

Date_____ Amount of Time Spent_____

Topic of Discussion_____

COUNSELOR_____ MONTH_____

College/University_____

Name/Title of Contact_____

Date_____ Amount of Time Spent_____

Topic of Discussion_____

APPENDIX F-2

Contingency Contracting

Goals and Objectives

GOAL 1 - Student Advising

Objectives:

1. I will spend 7.0 months with all forms of student advising. This will include all segments of the college.

GOAL 2 - Individual Counseling

Objectives:

1. I will contract for .35 months of individual counseling.

GOAL 3 - Staff Development

Objectives:

1. I will spend .93 months in attending staff meetings, department and division staff development programs and college professional development programs. In addition, I will attend one professional organization convention.

GOAL 4 - Faculty Liaison

Objectives:

1. I will contract for .37 months. I will follow the guidelines of the Divisional Liaison Model.

GOAL 5 - College Articulation

Objectives:

1. I will contract for .50 months. I will work with George Washington University and American University.

GOAL 6 - Institutional Maintenance

Objectives:

1. I will contract for .05 months. I will serve as a member of the Academic Regs Committee at the College.

GOAL 7 - Special Programs

Objectives:

1. I will contract for .70 months.

APPENDIX F-3

DEPARTMENT OF HUMAN DEVELOPMENT

DIVISIONAL LIAISON

MONTHLY REPORT

COUNSELOR _____ MONTH _____

Division _____

Name/Title of Division Contact _____

Date _____ Amount of Time Spent _____

Topic of Discussion _____

_____

_____

_____

COUNSELOR _____ MONTH _____

Division _____

Name/Title of Division Contact _____

Date _____ Amount of Time Spent _____

Topic of Discussion _____

_____

_____

_____

_____

APPENDIX F-4

DEPARTMENT OF HUMAN DEVELOPMENT
DAILY INTAKE LOG

DATE _____ LOCATION _____

MORNING

STUDENT (Please Print Your Name)	COUNSELOR TO BE SEEN	SEEN BY

DEPARTMENT OF HUMAN DEVELOPMENT
DAILY INTAKE LOG

DATE _____ LOCATION _____

AFTERNOON

STUDENT (Please Print Your Name)	COUNSELOR TO BE SEEN	SEEN BY

DEPARTMENT OF HUMAN DEVELOPMENT
DAILY INTAKE LOG

DATE _____ LOCATION _____

EVENING

STUDENT (Please Print Your Name)	COUNSELOR TO BE SEEN	SEEN BY

APPENDIX F-5

CONTINGENCY CONTRACTING
1983-1984

Functions	Months	Hours	% of Time
Student Advising	7.0	1260.00	67.00
Individual Counseling	.35	63.00	3.00
Crisis Intervention			
Staff Development	.93	167.40	9.00
Faculty Liaison	.37	156.60	8.00
College Articulation	.50	90.00	5.00
Institutional Maintenance	.05	9.00	1.00
Special Programs	.70	126.00	7.00
New Program Development			
Total	10.40	1872.00	100.00

JULY 1983

Student Advising
Individual Counseling
Crisis Intervention
Staff Development
Faculty Liaison
College Articulation
Institutional Maintenance
Special Programs
New Program Development

AUGUST 1983

Student Advising
Individual Counseling
Crisis Intervention
Staff Development
Faculty Liaison
College Articulation
Institutional Maintenance
Special Programs
New Program Development

SEPTEMBER 1983

Student Advising
Individual Counseling
Crisis Intervention
Staff Development
Faculty Liaison
College Articulation
Institutional Maintenance
Special Programs
New Program Development

OCTOBER 1983

Student Advising
Individual Counseling
Crisis Intervention
Staff Development
Faculty Liaison
College Articulation
Institutional Maintenance
Special Programs
New Program Development

NOVEMBER 1983

Student Advising
Individual Counseling
Crisis Intervention
Staff Development
Faculty Liaison
College Articulation
Institutional Maintenance
Special Programs
New Program Development

DECEMBER 1983

Student Advising
Individual Counseling
Crisis Intervention
Staff Development
Faculty Liaison
College Articulation
Institutional Maintenance
Special Programs
New Program Development

JANUARY 1984

Student Advising
Individual Counseling
Crisis Intervention
Staff Development
Faculty Liaison
College Articulation
Institutional Maintenance
Special Programs
New Program Development

FEBRUARY 1984

Student Advising
Individual Counseling
Crisis Intervention
Staff Development
Faculty Liaison
College Articulation
Institutional Maintenance
Special Programs
New Program Development

MARCH 1984

Student Advising
Individual Counseling
Crisis Intervention
Staff Development
Faculty Liaison
College Articulation
Institutional Maintenance
Special Programs
New Program Development

APRIL 1984

Student Advising
Individual Counseling
Crisis Intervention
Staff Development
Faculty Liaison
College Articulation
Institutional Maintenance
Special Programs
New Program Development

MAY 1984

Student Advising
Individual Counseling
Crisis Intervention
Staff Development
Faculty Liaison
College Articulation
Institutional Maintenance
Special Programs
New Program Development

JUNE 1984

Student Advising
Individual Counseling
Crisis Intervention
Staff Development
Faculty Liaison
College Articulation
Institutional Maintenance
Special Programs
New Program Development

_____

Counselor's Signature

_____

Associate Dean's Signature

APPENDIX F-6

MONTHLY REPORT FORMS

DEPARTMENT OF HUMAN DEVELOPMENT

MONTHLY REPORT

COUNSELOR_____ MONTH_____ YEAR_____

Type of Contact	Number	Percent
Educational		
Advisement		
Transfer		
Personal		
Withdrawal		
Curriculum Change		
Pre-Admission		
Probation		
Total		

Total Intake

Total Appointments

Counselor

Telephone Contacts

Number_____ Number of Minutes_____

Classroom Presentation/Consultation

Number_____ Number of Minutes_____

	Planning	Attending	Presenting and/or Implementation	Evaluating and/or Reporting
Staff Development				
Faculty Liaison				
College Articulation				
Institutional Maintenance				
Special Programs				

	Planning	Attending	Presenting and/or Implementation	Evaluating and/or Reporting
New Program Development & Implementation				
Other (Explain)				

DEPARTMENT OF HUMAN DEVELOPMENT

MONTHLY REPORT

EDUCATIONAL ADVISOR _____ MONTH _____ YEAR _____

Type of Contact	Number	Percent
Educational		
Advisement		
Transfer		
Personal		
Withdrawal		
Curriculum Change		
Pre-Admission		
Probation		
Total		

Total Intake

Total Appointments

Educational Advisor

	Planning	Attending	Presenting and/or Implementation	Evaluating and/or Reporting
Staff Development				
Institutional Maintenance				
Faculty Liaison				
Special Programs				
New Program Development & Implementation				
Other Activities				

Telephone Contacts

Number_____ Number of Minutes_____

	Planning	Attending	Presenting and/or Implementation	Evaluating and/or Reporting
Staff Development				
Faculty Liaison				
Special Programs				
New Program Development & Implementation				
Other Activities				

Information Referral

Financial Aid_____ Career Planning_____ Veterans_____

Admissions & Testing_____ Other Referrals_____

Telephone Contacts

Number_____ Number of Minutes_____

Classroom Presentation/Consultation

Number_____ Number of Minutes_____

DEPARTMENT OF HUMAN DEVELOPMENT

MONTHLY REPORT

CLINICAL PSYCHOLOGIST_____ MONTH_____ YEAR_____

Type of Contact	Number	Percent
Drugs and alcohol--related problems		
Poor working/study habits academic failures		
Depressive episodes		
Conflicts with parents and family		
Conflicts with college personnel, faculty, etc.		
Suicidal attempts, threats, ideation		
Stress and adjustment reactions		
Marital problems		
Diagnostic evaluation		
Others (detailed comments)		
TOTAL		

Total Intake

Total Appointments

Monthly Report
Consulting Psychologist

	Planning	Attending	Presenting and/or Implementation	Evaluating and/or Reporting
Staff Development				
Institutional Maintenance				
Professional Meetings				
Staff Meetings				
Community Liaison				
Consultation				

Monthly Report
Consulting Psychologist

	Planning	Attending	Presenting and/or Implementation	Evaluating and/or Reporting
Psychological Testing - Evaluation				
Other				

DEPARTMENT OF HUMAN DEVELOPMENT

MONTHLY REPORT

TESTING PERSONNEL _____ MONTH _____ YEAR _____

TESTS ADMINISTERED	Number	Percent
CGP		
Michigan Test		
Algebraic Concepts Test		
Placement Retests		
Real Estate		
Occupational/Personality		
Auto Mechanic		
Other		
TOTAL		

Total Intake

Total Appointments

Monthly Report
Testing Staff

	Planning	Attending	Presenting and/or Implementation	Evaluating and/or Reporting
Staff Development				
Institutional Maintenance				
Faculty Liaison				
Special Programs				
New Program Development & Implementation				
Other Activities				

Monthly Report for Health Services

Dates Included: 198

Type of Component	Student	Staff	Faculty	Other	Total	Est. Time/ Visits	Total Hours	% of Time
Care for Illness								
Medications Dispensed								
Care for Injury								
Treatments Rendered								
Health Counseling								
Hypertension Monitoring								
Assistance to Disabled								
Preventive/Health Promotion-Active								
Health Promo-Planning								
Supervisory Activities								
Administrative Support								
Consultation with M.D.								
Faculty Liaison - Individual Consultation								
Institutional Maintenance Advising to Committees								
Special Programs								
Referrals								
Staff Development- Meetings, trainings, Professional meetings								
Human Development Staff Meetings								
Totals of numbers and hours								

Comments:

Unusual:

Employee Acc. Rep:
Stud. Acc. Rep:
Other:
Total_____

Bladen Issued:
Lanham Issued:
Total_____

Parking Permits:

Dates and nature of consult:

Dates and nature of consult:

PMD
Health Dept.
ER
Other

Additional comments on back:
Yes____ No____

Report by:

_____

APPENDIX F-7

STAFF EVALUATION FORMS

FORM A-2, PRIMARY JOB FUNCTION: COUNSELOR FORM A-2

ILS OR PEER APPRAISAL

Name of Counselor being evaluated_____

Semester_____Year_____Date Form A was completed_____

INSTRUCTIONS TO THE ILS AND PEER: This form is designed to obtain thoughtful reaction to a counselor's effectiveness. Listed below are the eight individual counseling assignment areas. Respond to each by rating the counselor on a scale of 1 to 5. NOTE: Rate the individual only in areas in which he or she is currently involved and has contracted time. For each assignment area you are required to write one or more substantial paragraphs with enough supporting details to justify your numerical rating. An N/A response requires no supporting paragraph. You have the option of evaluating the individual in additional areas as appropriate.

When Form A is completed, both the evaluator and counselor should sign it. The evaluator should send the original and a copy to Central File at least 14 calendar days before the Combined Conference.

Not applicable or Don't know N/A	Highest 5	4	3	2	Lowest 1

_____1. Student Advising

a. _____ individual

b. _____ group

_____2. Individual Counseling

_____3. Staff Development

_____4. Faculty Liaison

_____5. College Articulation

_____6. Institutional Maintenance

_____7. Special Programs

_____8. New Program Development and Implementation

Form A-2, Reverse

List of attachments and number of pages in each.

_____ _____
Signature of Evaluator Date

I have seen the evaluation and supporting paragraphs.

_____ _____
Signature of Counselor being Evaluated Date

The counselor has 7 days in which to write explanatory or rebuttal comments. These should be labeled, signed, dated and sent to Central File (two copies).

$$\frac{\text{Total Number Score}}{\text{\# of Items (Exclude N/A's)}} = \text{Criterion Rating}$$

Check one: Original_____ Copy_____

FORM B-2

FORM B-2, RECIPIENT OF SERVICES: COUNSELORS

STUDENT APPRAISAL OF THE COUNSELING FUNCTION:

Name of Counselor_____

Semester_____Date_____Academic Year_____

The College regularly conducts evaluations of its instructors and counselors. Students play a vital part in this evaluation. By honest reporting of their reactions to the counselor, students can often make services more valuable for themselves and for future students. Counselors need to know what students find most helpful so that they can continue to be helpful, as well as what students consider their weak points so that they can correct them. Please make your responses conscientiously and individually. Your counselor will not see your evaluations; they will be collected and tallied by someone other than your counselor, and your comments will be typed.

Directions: Each statement describes a basic component of a counselor's responsibility. Rate your counselor on each item, giving the highest scores for unusually effective performances. Place in the blank space before each statement the number that most clearly expresses your view. One (1) is the lowest possible rating and five (5) is the highest possible rating. N/A means "not applicable" or don't know or you do not have enough information to answer the question. Space is provided at the end of the questionnaire to clarify your response to specific statements and to make general comments. Thank you for your cooperation.

Not applicable or Don't know N/A	Highest 5	4	3	2	Lowest 1

_____1. Is open and receptive to your needs.

_____2. Seeks to help you plan programs consistent with your stated objectives.

_____3. Displays genuine interest in you as a human being.

_____4. Is considerate of your viewpoint.

_____5. Helps you explore alternatives.

_____6. Encourages you to make decisions and to assume responsibility for decisions.

_____7. Helps you identify your career and educational objectives.

_____8. Assists you in obtaining information and assistance from other college and community resources as appropriate.

_____9. Helps you to understand your test results. (If a counselor has not interpreted any test for you, please respond N/A to this question. Testing includes pre-advisement testing (CGP), interest tests, aptitude tests, etc.)

FORM B-2, reverse

Transfer information to four-year college. (Students who do not plan to transfer or have not seen a counselor for transfer information please respond N/A (not applicable) to questions 10-12.)

_____10. Has counselor been helpful in supplying transfer information if needed.

_____11. Can provide you with a source of information regarding the transferrability of P.G. courses to four-year area colleges (Maryland and D.C.).

_____12. Assist you in obtaining information from a four-year college or university.

COMMENTS OR SUGGESTIONS:

FORM C-2, SELF APPRAISAL: COUNSELOR FORM C

Filled out by counselor

When Form C is completed, you should sign and date it and send it and one copy to Central File at least one week before your Combined Conference.

_____ _____
Counselor Date

Date Form C was completed_____Year_____

INSTRUCTIONS TO THE COUNSELOR: This form is intended to encourage you to think seriously about your counseling and to assess your strengths and weaknesses. Listed below are the eight individual counseling assignment areas. Respond to each by rating yourself on a scale of 1 to 5. NOTE: Rate yourself only on the areas in which you are currently involved and have contracted time. For each assignment area you are required to write one or more substantial paragraphs with enough supporting details to justify your numerical rating. If you respond N/A to an area that you are not involved in, no supporting paragraph is necessary.

Not Applicable N/A	Highest 5	4	3	2	Lowest 1

_____1. Student Advising

a. _____individual

b. _____group

_____2. Individual Counseling

_____3. Staff Development

_____4. Faculty Liaison

_____5. College Articulation

_____6. Institutional Maintenance

_____7. Special Programs

_____8. New Program Development and Implementation

Form C-2, Counselor, Reverse

List of attachments and number of pages in each:

_____ _____

Signature of Faculty Member Date

Total Number Score / # of Items = Criterion Rating

Original_____ Copy_____

FORM D-2

FORM D-2, OPERATIONAL RESPONSIBILITY: COUNSELOR

Filled out by ILS

Counselor_____Department_____

Semester_____Academic Year_____Date_____

Immediate Line Supervisor_____

The following appraisal form contains questions which should be helpful in judging this category.

DIRECTIONS: Rate the duties and responsibilities, giving the highest score for those areas accomplished. COMMENTS NEED TO BE MADE ONLY IF THE COUNSELOR DID NOT MEET ALL THE REQUIREMENTS (5). The ILS should send the original and a copy to Central File one week before the Combined Conference.

Not applicable N/A	Met all requirements 5	3	Ignored requirements 1

_____*1. Did the counselor meet all scheduled appointments?
Comment:

_____ 2. Has the counselor volunteered to teach Human Development courses?
Comment:

_____*3. Has the counselor attended all scheduled staff meetings?
Comment:

_____ 4. Is the counselor available for "intake" counseling?
Comment:

_____ 5. If required or requested, did the counselor assist in the off-campus registration procedures?
Comment:

_____*6. Did the counselor attend college-wide activities, i.e., graduation, orientation?
Comment:

_____ 7. Does the counselor maintain a positive professional attitude in his work?
Comment:

_____ 8. Has the counselor indicated a cooperative attitude in the performance of requested departmental tasks, i.e., monthly reports, up-to-date forms, etc.?
Comment:

_____*9. Has the counselor participated in on-campus staff-development workshops?
Comment:

*Excused absences constitute attendance for this evaluation form.

Form D-2, reverse

Total number of points / # of items rated = [ ] *Criterion rating

*Criterion rating: Divide total rating by number of items rated.

Additional comments:

Signature of supervisor_____ Date_____

Signature of Counselor_____ Date_____

This would be the counselor temporarily assigned to Career Development.

FORM A-2, PRIMARY JOB FUNCTION: COUNSELOR FORM A-2

ILS OR PEER APPRAISAL

Name of Counselor being evaluated_____

Semester_____Year_____Date Form A was completed_____

INSTRUCTIONS TO THE ILS AND PEER: This form is designed to obtain thoughtful reaction to a counselor's effectiveness. Listed below are the eight individual counseling assignment areas. Respond to each by rating the counselor on a scale of 1 to 5. NOTE: Rate the individual only in areas in which he or she is currently involved and has contracted time. For each assignment area you are required to write one or more substantial paragraphs with enough supporting details to justify your numerical rating. An N/A response requires no supporting paragraph. You have the option of evaluating the individual in additional areas as appropriate.

When Form A is completed, both the evaluator and counselor should sign it. The evaluator should send the original and a copy to Central File at least 14 calendar days before the Combined Conference.

Not applicable or Don't know N/A	Highest 5	4	3	2	Lowest 1

_____1. Career Center Intake

_____2. Individual Career Counseling

_____3. Staff Development

_____4. Outreach Activities

_____5. Professional Development Activities

_____6. Institutional Maintenance

_____7. Special Programs

_____8. New Program Development and Implementation

FORM A-2

List of attachments and number of pages in each.

_____ _____
Signature of Evaluator Date

I have seen the evaluation and supporting paragraphs.

_____ _____
Signature of Counselor being evaluated Date

The counselor has 7 days in which to write explanatory or rebuttal comments. These should be labeled, signed, dated and sent to Central File (two copies).

Total number of points / # of items rated (Exclude N/A's) = ☐ Criterion rating

Check one: Original_____ Copy_____

FORM B-2, RECIPIENT OF SERVICES: COUNSELORS

STUDENT APPRAISAL OF THE COUNSELING FUNCTION:

Name of Counselor_____

Semester_____Date_____Academic Year_____

The College regularly conducts evaluations of its instructors and counselors. Students play a vital part in this evaluation. By honest reporting of their reactions to the counselor, students can often make services more valuable for themselves and for future students. Counselors need to know what students find most helpful so that they can continue to be helpful, as well as what students consider their weak points so that they can correct them. Please make your responses conscientiously and individually. Your counselor will not see your evaluations; they will be collected and tallied by someone other than your counselor, and your comments will be typed.

Directions: Each statement describes a basic component of a counselor's responsibility. Rate your counselor on each item, giving the highest scores for unusually effective performances. Place in the blank space before each statement the number that most clearly expresses your view. One (1) is the lowest possible rating and five (5) is the highest possible rating. N/A means "not applicable" or don't know or you do not have enough information to answer the question. Space is provided at the end of the questionnaire to clarify your response to specific statements and to make general comments. Thank you for your cooperation.

Not applicable or Don't know N/A	Highest 5	4	3	2	Lowest 1

_____1. Is open and receptive to your needs.

_____2. Seeks to help you plan programs consistent with your stated objectives.

_____3. Displays genuine interest in you as a human being.

_____4. Is considerate of your viewpoint.

_____5. Helps you explore alternatives.

_____6. Encourages you to make decisions and to assume responsibility for decisions.

_____7. Helps you identify your career and educational objectives.

_____8. Assists you in obtaining information and assistance from other college and community resources as appropriate.

_____9. Helps you to understand your test results. (If a counselor has not interpreted any test for you, please respond N/A to this question. Testing includes pre-advisement testing (CGP), interest tests, aptitude tests, etc.)

FORM B-2, reverse

Transfer information to four-year college. (Students who do not plan to transfer or have not seen a counselor for transfer information please respond N/A (not applicable) to questions 10-12.)

_____10. Has counselor been helpful in supplying transfer information if needed.

_____11. Can provide you with a source of information regarding the transferrability of P.G. courses to four-year area colleges (Maryland and D.C.).

_____12. Assist you in obtaining information from a four-year college or university.

COMMENTS OR SUGGESTIONS:

FORM C-2, SELF APPRAISAL: COUNSELOR

FORM C

Filled out by counselor

When Form C is completed, you should sign and date it and send it and one copy to Central File at least one week before your Combined Conference.

_____ _____

Counselor Date

Date Form C was completed_____Year_____

INSTRUCTIONS TO THE COUNSELOR: This form is intended to encourage you to think seriously about your counseling and to assess your strengths and weaknesses. Listed below are the eight individual counseling assignment areas. Respond to each by rating yourself on a scale of 1 to 5. NOTE: Rate yourself only on the areas in which you are currently involved and have contracted time. For each assignment area you are required to write one or more substantial paragraphs with enough supporting details to justify your numerical rating. If you respond N/A to an area that you are not involved in, no supporting paragraph is necessary.

Not Applicable N/A	Highest 5	4	3	2	Lowest 1

_____1. Career Center Intake

_____2. Individual Career Counseling

_____3. Staff Development

_____4. Outreach Activities

_____5. Professional Development Activities

_____6. Institutional Maintenance

_____7. Special Programs

_____8. New Program Development and Implementation

FORM D-2

FORM D-2, OPERATIONAL RESPONSIBILITY: COUNSELOR

Filled out by ILS

Counselor_____Department_____

Semester_____Academic Year_____Date_____

Immediate Line Supervisor_____

The following appraisal form contains questions which should be helpful in judging this category.

DIRECTIONS: Rate the duties and responsibilities, giving the highest score for those areas accomplished. COMMENTS NEED TO BE MADE ONLY IF THE COUNSELOR DID NOT MEET ALL THE REQUIREMENTS (5). The ILS should send the original and a copy to Central File one week before the Combined Conference.

Not applicable N/A	Met all requirements 5	3	Ignored requirements 1

_____*1. Did the counselor meet all scheduled appointments?
Comment:

_____ 2. Has the counselor volunteered to teach Human Development courses?
Comment:

_____*3. Has the counselor attended all scheduled staff meetings?
Comment:

_____ 4. Is the counselor available for "intake" counseling?
Comment:

_____ 5. If required or requested, did the counselor assist in the off-campus registration procedures?
Comment:

_____*6. Did the counselor attend college-wide activities, i.e., graduation, orientation?
Comment:

_____ 7. Does the counselor maintain a positive professional attitude in his work?
Comment:

_____ 8. Has the counselor indicated a cooperative attitude in the performance of requested departmental tasks, i.e., monthly reports, up-to-date forms, etc.?
Comment:

_____*9. Has the counselor participated in on-campus staff-development workshops?
Comment:

*Excused absences constitute attendance for this evaluation form.

Form D-2, reverse

Total number of points / # of items rated = [ ] *Criterion rating

*Criterion rating: Divide total rating by number of items rated.

Additional comments:

Signature of supervisor_____ Date_____

Signature of Counselor_____ Date_____

Supervisor's Appraisal of Educational Advisors

Educational Advisor_____ Date_____

Semester_____ Academic Year_____

This questionnaire is designed to obtain your thoughtful and candid reaction to the effectiveness of this Educational Advisor. Please rate the Advisor using the scale below. Space is provided at the end for any comments that you may wish to make.

Excellent 5	Very Good 4	Competent 3	Needs Improvement 2	Needs Significant Improvement & specific help 1	Not Applicable NA

1. To my knowledge this Educational Advisor regularly engages in the following activities: (Place a check in front of activities.)

_____a. Group test presentation

_____b. Individual test interpretation (CGP)

_____c. New student course selection and scheduling

_____d. Currently enrolled advising

_____e. Currently enrolled course selection

_____f. Pre-admission advising

_____g. Probation advising

_____h. Readmission interviews

_____i. Withdrawal interviews

_____j. College articulation and transfer information

_____k. Information referrals

2. I have observed that this Educational Advisor:

_____a. Has been accessible to students seeking information.

_____b. Maintains a positive attitude in his or her work.

_____c. Attends and participates in meetings, workshops, seminars, and conferences.

_____d. Assists the college community in general and assumes responsibilities as designated by the supervisor.

_____e. Makes a positive contribution to the Department beyond the minimum requirement of his or her job.

3. I have indicated below the extent to which I feel this Educational Advisor has met his or her stated goals this year:

Comments:

Signature of Supervisor_____ Date_____

Signature of Educational Advisor_____ Date_____

Counselor's Appraisal of Educational Advisor

Educational Advisor_____ Date_____

Counselor_____ Semester_____

1. This academic year I have worked with this Educational Advisor:

   a. very often b. occasionally c. rarely

   In what capacity(ies)_____

2. My information about this Educational Advisor comes from: (list % for each.)

   _____Direct Observation _____Information from students/colleagues

3. To my knowledge this Educational Advisor regularly engages in the following activities: (Place a check in front of activities.)

   _____a. Group test presentation
   _____b. Individual test interpretations (CGP)
   _____c. New student course selection and scheduling
   _____d. Currently enrolled advising
   _____e. Currently enrolled course selection
   _____f. Pre-admission advising
   _____g. Probation advising
   _____h. Readmission interviews
   _____i. College articulation and transfer information
   _____j. Information referral
   _____k. Withdrawal interviews

4. Please rate this Advisor using the scale below. Space is provided at the end for any comments you may wish to make.

Excellent 5	Very Good 4	Competent 3	Needs Improvement 2	Needs Significant Improvement & specific help 1	Not Applicable NA

I have observed that this Educational Advisor:

_____a. is interested in working with students

_____b. listens attentively to students' problems and makes referrals to counselors

_____c. is accessible to students

_____d. is courteous to students

_____e. is courteous to the office staff

_____f. has agreed to reasonable requests I have made

_____g. has tried to give accurate information when I requested it.

Comments: (Use back of sheet.)

Signature of Counselor_____ Date_____

Signature of Educational Advisor_____ Date_____

Self-Appraisal of Educational Advisor

Educational Advisor_____Semester_____Date_____

On this form you are asked to look at your performance as an Educational Advisor. At your option use the "Comments" section at the end of this form. Rate yourself using the scale below:

Excellent 5	Very Good 4	Competent 3	Needs Improvement 2	Needs Significant Improvement & specific help 1	Not Applicable NA

1. I regularly engage in the following activities:

   _____a. Student Advising
   _____b. Staff Development
   _____c. Faculty Liaison
   _____d. College Articulation
   _____e. Institutional Maintenance
   _____f. Special Programs
   _____g. New Program Development and Implementation

2. In performing the above activities I make use of the following techniques and attitudes:

   _____a. I am attentive to students with whom I speak.
   _____b. I am considerate of the students' viewpoint and feelings.
   _____c. Students feel free to return to me for assistance.
   _____d. I assist students in working toward solutions to their problems by exploring options and alternatives with them.
   _____e. I encourage students to take responsibility for making their own decisions and finding information accessible to them.
   _____f. I locate and impart information not readily available to students.
   _____g. I use college and/or community resources for information and referral.
   _____h. I keep up-to-date with college policy and course offerings.
   _____i. I interpret specific requirements of curricula and courses.
   _____k. I cooperate with staff members by giving assistance and suggestions.
   _____l. I am open to suggestions to provide better services to students.
   _____m. I assume responsibilities as delegated by the Director of Human Development.

3. I have indicated below the extent to which I feel I have met my stated goals for this year.

Excellent 5	Very Good 4	Competent 3	Needs Improvement 2	Needs Significant Improvement & specific help 1	Not Applicable NA

Comments: (Include special assignments or accomplishments. Use back of sheet.)

Peer Appraisal of Educational Advisor

Educational Advisor_____ Date_____

Semester_____ Academic Year_____

1. This academic year I have worked with this Educational Advisor:

   a. very often b. occasionally c. rarely

   In what capacity(ies)_____

2. My information about this Educational Advisor comes from: (list % for each.)

   _____Direct Observation _____Information from students/colleagues

3. To my knowledge this Educational Advisor regularly engages in the following activities: (Place a check in front of activities.)

   _____a. Group test presentation
   _____b. Individual test interpretation
   _____c. New student course selection and scheduling
   _____d. Currently enrolled advising
   _____e. Currently enrolled course selection
   _____f. Pre-admission advising
   _____g. Probation advising
   _____h. Readmission interview
   _____i. Withdrawal interviews
   _____j. College articulation and transfer information
   _____k. Information referrals

4. Please rate this Advisor using the scale below. Space is provided at the end for any comments you may wish to make.

Excellent 5	Very Good 4	Competent 3	Needs Improvement 2	Needs Significant Improvement & specific help 1	Not Applicable NA

I have observed that this Educational Advisor:

_____a. Shows respect and concern for students and staff.

_____b. Is open to suggestions to provide more efficient service to students.

_____c. Gives suggestions and assistance to fellow staff members when appropriate.

_____d. Is readily accessible to students seeking information.

_____e. Provides accurate and realistic information to students concerning career potential for their chosen curriculum.

_____f. Assists students in choosing courses consistent with their academic abilities.

_____g. Encourages students to assume responsibility for their decisions.

_____h. Keeps up-to-date with college policy and course offerings.

_____i. Seeks to improve skills and knowledge.

_____j. Makes a positive contribution to improve services offered by the Department through suggestions and participation on committees, etc.

COMMENTS: Use back of sheet.

Signature of Peer_____ Date_____

Signature of Educational Advisor_____ Date_____

Student Appraisal of Educational Advisor

Educational Advisor_____Date_____Semester_____

Please check the appropriate response below:

1. Are you: _____a. currently enrolled (taking classes)
   _____b. admitted, not yet taking classes
   _____c. readmitted, not yet taking classes
   _____d. seeking information prior to submitting application

2. How many times have you spoken with this Advisor?

   ____a. 1-3 times ____b. 4-6 times ____c. more than 6 times

3. Did the Advisor refer you to another office for additional information or assistance?

   _____ Yes _____ No

4. Did you speak with the Educational Advisor for 10 minutes or more?

   _____ Yes _____ No

5. For which reasons(s) did you contact the Educational Advisor?

_____1. General information	_____7. CGP test interpretation
_____2. Entrance procedures	_____8. Graduation requirements
_____3. Career information	_____9. Help in making a decision
_____4. Transfer information	____10. Registration assistance
_____5. Withdrawal from college	____11. Other (please specify)
_____6. Courses and programs	

I feel that the Educational Advisor:

6. Gave information needed or referred me to other sources where information could be obtained.	____Yes	____No
7. Listened with genuine concern to my problem(s).	____Yes	____No
8. Showed consideration for my point of view.	____Yes	____No
9. Was interested in helping me.	____Yes	____No
10. Treated me courteously.	____Yes	____No
11. Was thorough in answering my questions or helping me with a problem.	____Yes	____No

Comments:

Signature of Student_____
(optional)

Student Affairs Advisor Evaluation Form

Student Affairs Advisor_____Date_____

Semester_____Supervisor_____

Person Doing the Evaluation: _____Student Affairs Advisor _____Supervisor

Directions: Rate each item, 5 being the highest mark and 1 the lowest. There is a space provided for additional comments if needed.

Not Applicable	Excellent	Very Effective	Effective	Needs Improvement	Ineffective - Needs Specific Help
NA	5	4	3	2	1

_____1. Genuinely listens to students and understands their concerns.
Comments:

_____2. Assists students in achieving a clearer understanding of themselves and their academic goals.
Comments:

_____3. Helps students in exploring various alternatives while helping students towards a solution to their concerns.
Comments:

_____4. Takes time to listen attentively to concerns of students.
Comments:

_____5. Uses college or community resources both for information and referral when appropriate.
Comments:

_____6. Students feel free to return to you in the future for help.
Comments:

_____7. Makes regular contacts with appropriate College departments to stay current on activities in their area.
Comments:

_____8. Disseminates information regularly to students through classroom visitations, bulletin boards, announcements, and/or a newsletter.
Comments:

Student Affairs Advisor Evaluation Form
Page 2

_____9. Brings special services to students through visits from college personnel, occasional coffee hours, and other appropriate means.
Comments:

____10. Attends staff meetings, staff development workshops, seminars and conferences to enhance his/her performance.
Comments:

____11. Maintains a positive professional attitude in his work environment.
Comments:

Additional Comments:

Signature of
Supervisor_____Date_____

Signature of Student Affairs Advisor_____

Date_____

Self-Appraisal of Student Affairs Advisor

Student Affairs Advisor_____

Semester_____ Date_____

On this form you are asked to look at your own performance as a Student Affairs Advisor. At your option use the "Additional Comments" section on the back of this form.

DIRECTIONS: Rate yourself on each item, giving the highest scores for excellent performances. Provide written explanations and/or documentation of the items. Place in the blank space before each statement the number that most nearly expresses the effectiveness of your performance.

Not Applicable	Excellent	Very Effective	Effective	Needs Improvement	Ineffective - Needs Specific Help
NA	5	4	3	2	1

_____1. Shows genuine respect and concern for the worth and dignity of students as people.
Comments:

_____2. Listens to students and understands what they are saying.
Comments:

_____3. Assists students in achieving a clearer and more realistic understanding of themselves and their concerns.
Comments:

_____4. Helps students to start working towards a solution to their problems by exploring various alternatives.
Comments:

_____5. Is considerate of student's viewpoint and feelings.
Comments:

_____6. Shows interest in working with students.
Comments:

_____7. Uses college or community resources both for information and referral when appropriate.
Comments:

_____8. Students feel free to return to you in the future for help.
Comments:

_____9. Makes regular contacts with Student Affairs Directors to stay current on activities in their area.
Comments:

____10. Keeps a complete and current file of admissions, testing, financial aid and veterans information available for students.
Comment:

____11. Seeks to help students identify their educational and career goals and plan programs consistent with these stated objectives.
Comment:

____12. Encourages students to assume responsibility for decisions.
Comment:

____13. Keeps up-to-date with college policy and course offerings.
Comment:

____14. Interprets specific requirements of curricula and courses.
Comment:

____15. Makes an effort to be accessible to students.
Comment:

____16. Keeps up-to-date with his profession through readings, attending conferences, etc.
Comment:

____17. Willing to assume responsibilities as delegated by the Director.
Comment:

____18. Open to suggestion to provide more efficient service to students.
Comment:

____19. Keeps a complete and current listing of the course requirements for four-year colleges and their equivalents at Prince George's.
Comment:

____20. Has current applications, catalogs, and other pertinent information for transferring (cost, housing, financial aid, etc.) to four-year colleges.
Comment:

Additional Comments:

Signature of Student Affairs Advisor_____

Recipient of Services - Student Affairs Advisors
Student Appraisal of the Student Affairs Advisor Function

Name of Student Affairs Advisor_____

Date_____Semester_____Academic Year_____

This survey is given to learn how you view your Student Affairs Advisor. Please DO NOT sign your name. The space at the end allows you to add any further comments you might want to express. Your assistance is greatly appreciated.

Directions: Each statement describes a basic component of advising and educational assistance. Rate your student affairs advisor on each item, giving the higher score for more effective performances. Place in the blank space before each statement the number that most nearly expresses your view.

Not Applicable	Excellent	Very Effective	Effective	Needs Improvement	Ineffective - Needs Specific Help
NA	5	4	3	2	1

Attitude and Rapport

_____A. Listens to your problem adequately.

_____B. Has personal interest in assisting you.

_____C. Seeks to help you plan a program consistent with your stated objectives.

_____D. Is considerate of your point of view.

_____E. Encourages you to return for help.

Technique

_____A. Keeps up-to-date with courses and academic program requirements.

_____B. Makes appropriate referrals to college and community resources.

_____C. Encourages you to assume responsibility for decisions.

_____D. Makes a sincere effort to obtain and impart accurate information.

_____E. Keeps appointments made in advance.

Comments:

PRIMARY JOB FUNCTION - CLINICAL PSYCHOLOGIST

PEER'S APPRAISAL OF THE PSYCHOLOGIST'S PERFORMANCE - FORM A-4

Name of Clinical Psychologist_____

Date_____Semester_____Year_____

This questionnaire is designed to obtain thoughtful reaction to the psychologist's effectiveness. The space at the end of the survey allows you to add any further comments you might want to express.

DIRECTIONS: Each statement describes a basic component of the psychologist's activities. Nine responsibilities have been specified. Additional ones can be written in at the end of the list, if required. Rate the clinical psychologist on each item on the list, using the scale shown below. Write a paragraph in support of your rating for each item, except those indicated by you as "Not Applicable" (NA), for which no supporting paragraph is required.

Not Applicable	Excellent	Very Effective	Effective	Needs Improvement	Ineffective - Needs Specific Help
NA	5	4	3	2	1

_____1. Emergency service and crisis intervention.

_____2. Short-term therapeutic contacts.

3. Consultation:

_____a. Program consultation

_____b. Case consultation

4. Staff development:

_____a. Program planning and coordination

_____b. Conduct workshops and present seminars

_____5. Professionalism and ethical standards.

_____6. Liaison with psychiatrists, psychologists, mental health resources in the community.

_____7. Professional self-development.

_____8. On/off campus community assignments.

_____9. Institutional maintenance.

____10.

____11.

____12.

List of attachments and number of pages in each:

Signature of Evaluator Date

*Signature of Clinical Psychologist Date

Total Rating Score / No. of Items	=		Criterion Rating
	=		Criterion Rating

*The signature of the Clinical Psychologist does not certify agreement. It simply indicates that the Clinical Psychologist has examined the form in the presence of the ILS. If he disagrees with his evaluation submitted by the ILS, the Clinical Psychologist has the right to submit a statement of rebuttal within 5 working days.

RECIPIENT OF SERVICES - CLINICAL PSYCHOLOGIST

FORM B-4

Procedure for Selecting the 300 Recipient of Services

The clinical psychologist and ILS will randomly select from 300 recipients of service, 75 individuals for receipt of evaluation forms. These individuals must have terminated their contact with the psychologist at least 6 months previous. 75 individuals will receive forms as the expected return from a mailing sample is about 33% and a preferred population of 25 individuals has been designated.

The ILS will mail the forms and an explanatory letter during the 5 week period when the counseling staff is being evaluated. A self-addressed stamped envelope will be enclosed for return to the ILS.

Quality Education

PRINCE GEORGE'S COMMUNITY COLLEGE
Student Affairs

Dear Student:

We are sending an evaluation form to clients of the Clinical Psychologist at Prince George's Community College.

Please evaluate the Clinical Psychologist as requested on the enclosed "Recipients of Services" form. Please complete and return your evaluation form to Dr. Busky prior to _____.
(Self-addressed stamped envelope enclosed).

Cordially yours,

Dr. Henry F. Busky
Associate Dean of
Human Development

HFB/hs

301 Largo Road, Largo, Maryland 20772 (301) 336-6000

RECIPIENT OF SERVICES - CLINICAL PSYCHOLOGIST B-4

Name of Clinical Psychologist_____

Semester_____Academic Year_____Date_____

The college regularly conducts evaluations of its staff members. Recipients of services play a vital part in this evaluation. By honest reporting of their reactions to the clinical psychologist, peers can often make services more valuable for themselves and for others. A clinical psychologist needs to know what is found to be most helpful so that he and the staff can continue to be helpful as well as what are considered to be his weak points so that he can correct them. Please make your responses conscientiously and individually. The clinical psychologist will not see your evaluations; they will be collected and tallied by someone other than the clinical psychologist, and your comments will be typed.

DIRECTIONS: Each statement describes a basic component of the psychologist's activities. Rate the psychologist on each item, giving the highest scores for unusually effective performances. Place in the blank space before each statement the number that most clearly expresses your views. One (1) is the lowest possible rating and five (5) is the highest possible rating. NA means "not applicable" or that you don't know or do not have enough information to answer the question. Space is provided at the end of the questionnaire to clarify your response to specific statements or to make general comments. Thank you for your cooperation.

Not Applicable N/A	Highest 5	4	3	2	Lowest 1

_____1. Is interested in helping you.

_____2. Is easy to talk to.

_____3. Listens to what you have to say.

_____4. Considers your point of view.

_____5. Helps you explore alternatives.

_____6. Encourages you to make decisions and to assume responsibility for decisions.

_____7. Helps you to understand the results of projective and personality tests, if needed.

_____8. Asked you how you were progressing after your discharge from treatment facilities in the community.

FORM B-4

_____9. Communicates information so that you can understand it.

____10. Is attentive during consultations.

ADDITIONAL COMMENTS:

$$\frac{\text{Total Rating Score}}{\text{Number of Items Rated}} = \text{Criterion Rating*}$$

$$\frac{\qquad}{\qquad} = \frac{\qquad}{\qquad}$$

Criterion Rating

*Criterion rating: Divide the total rating score by the number of items rated.

FORM C-4

SELF-APPRAISAL OF THE CLINICAL PSYCHOLOGIST

Clinical Psychologist_____

Semester_____Date_____

On this form you are asked to look at your own performance as a clinical psychologist. At your option, use the "Additional Comments" section at the end of this questionnaire.

DIRECTIONS: Rate yourself on each item, giving the highest scores for excellent performances. Provide written explanations and/or documentation of the items. Place in the blank space before each statement the number that most nearly expresses the effectiveness of your performance.

Not Applicable	Excellent	Very Effective	Effective	Needs Improvement	Ineffective - Needs Specific Help
NA	5	4	3	2	1

_____1. Emergency service and crisis intervention.
Comment:

_____2. Short-term therapeutic contacts.
Comment:

3. Consultation:

_____a. Program consultation

_____b. Case consultation
Comment:

4. Staff development:

_____a. Program planning and coordination

_____b. Conduct workshops and present seminars
Comment:

_____5. Professionalism and ethical standards.
Comment:

_____6. Liaison with psychiatrists, psychologists, mental health resources in the community.
Comment:

_____7. Professional self-development.
Comment:

_____8. On/off campus community assignments.
Comment:

_____9. Institutional maintenance.
Comment:

FORM C-4

___10.

___11.

___12.

Additional Comments:

Signature of Clinical Psychologist Date

Total Rating Score / Number of Items Rated	=	Criterion Rating*

	=	
		Criterion Rating

*Criterion rating: Divide the total rating score by the number of items rated.

Form D is filled out by ILS and is signed, dated and forwarded to Central File.

OPERATIONAL RESPONSIBILITIES APPRAISAL:
CLINICAL PSYCHOLOGIST - FORM D-4

Clinical Psychologist_____

Semester_____Academic Year_____Date_____

Immediate Line Supervisor_____

The following appraisal form contains questions which should be helpful in judging the operational responsibilities of a clinical psychologist.

DIRECTIONS: Rate the duties and responsibilities, giving the highest score for those areas accomplished. COMMENTS NEED TO BE MADE ONLY IF THE CLINICAL PSYCHOLOGIST DID NOT MEET ALL OF THE REQUIREMENTS.

Not Applicable NA	Met all requirements 5	Met nearly all requirements 4	Average 3	Minimal requirements 2	Needs Improvement & specific 1	Ignored requirements 0

_____*1. Did the clinical psychologist meet all scheduled appointments?
Comment:

_____2. Has the clinical psychologist been available for crisis cases?
Comment:

_____3. Has the clinical psychologist developed and conducted a staff development program?
Comment:

_____4. Has the clinical psychologist attended department and division staff and staff development meetings when not otherwise assigned?
Comment:

_____5. Has the clinical psychologist been available to staff and faculty for problems and/or consultation?
Comment:

_____6. On request, did the clinical psychologist help interpret psychological and projective tests to counselors and other staff?
Comment:

_____*7. Did the clinical psychologist attend college-wide activities, i.e., graduation, orientation?
Comment:

_____8. Does the clinical psychologist maintain a positive attitude in his work?
Comment:

FORM D-4

_____9. Has the clinical psychologist served as a resource to the college community for special psychiatric problems: drug abuse, alcoholism, etc.?
Comment:

____10. Has the clinical psychologist maintained contact with college nurses, college physician, and the Dean of Students?
Comment:

____11. Does the clinical psychologist follow-up on students referred to him/her by the faculty?
Comment:

____12. Has the clinical psychologist fulfilled within reason his goals as set forth in his contingency contract?
Comment:

____13. Does the clinical psychologist accurately complete the paperwork that is required on a day-to-day basis?
Comment:

____14. Does the clinical psychologist turn in all required reports and complete assigned projects as requested by the ILS?
Comment:

Additional Comments:

Total number of points / Number of items rated	=	Criterion Rating

	=	

Signature of Supervisor_____

Signature of Clinical Psychologist_____

Supervisor's Appraisal of Health Services Nurses

Health Service Nurse_____

Semester_____ Date_____

DIRECTIONS: Rate the duties and responsibilities, giving the highest score for those areas accomplished. Comments need only to be made if the nurse did not meet all the requirements.

Not Applicable	Met all requirements	Met nearly all requirements	Average	Minimal requirements	Needs improvement & specific help
NA	5	4	3	2	1

_____1. Does the nurse demonstrate professional skill and competence, techniques and procedures?
Comment:

_____2. Does the nurse provide accurate and appropriate information to students concerning health related problems?
Comment:

_____3. Does the nurse assist other college departments to promote programs for health teaching and awareness?
Comment:

_____4. Does the nurse listen attentively to student's problems and make referrals to community health resources when appropriate?
Comment:

_____5. Does the nurse assist the college community in general and assume responsibility as designated by the supervisor?
Comment:

_____6. Has the college nurse been accessible to students and served as a health information center?
Comment:

_____7. Does the nurse maintain a positive, responsible attitude toward work?
Comment:

_____8. Does the nurse attend staff meetings, workshops, seminars and conferences to enhance professional performance?
Comment:

_____9. Does the nurse work with the physician consultant in problem solving and program planning for Health Services?
Comment:

Additional Comments:

Signature of Supervisor_____Date_____

Signature of Nurse_____Date_____

Recipient of Services

Student Appraisal of the College Nurses' Function

Name of Nurse_____

Semester_____ Date_____ Academic Year_____

This survey is given to learn how you view your nurse. Please do not sign your name. The space at the end allows you to add any further comments you might want to express. Your assistance is greatly appreciated.

Directions: Each statement describes a basic component of the Health Services. Rate your nurse on each item, giving the higher scores for more effective performances. Place in the blank space before each statement the number that most nearly expresses your view.

Not Applicable	Excellent	Very Good	Good	Needs Improvement	Ineffective - Needs specific Improvement
NA	5	4	3	2	1

_____ A. Listens to you and tries to understand your problem

_____ B. Takes a personal interest in your health problems.

_____ C. Helps you find community resources for health care.

_____ D. Displays a genuine interest in you as a person.

_____ E. Gives explanations in detail and to your understanding.

_____ F. Carries out procedures skillfully.

_____ G. Explains what is being done and why.

_____ H. Encourages you to assume responsibility for your own health care.

_____ I. Adequately answers your questions.

COMMENTS:

Counselors' Appraisal of College Nurses

Year_____ Date_____

This questionnaire is designed to obtain thoughtful reaction to the college nurse's effectiveness. The space at the end of the survey allows you to add any further comments you might want to express.

Directions: Each statement describes a basic component of nursing. Rate the nurse on each item, giving the highest scores for unusually effective performances. Place in the blank spaces before each statement the number that most clearly expresses your views.

Not Applicable	Excellent	Very Good	Competent	Needs Improvement	Needs significant improvement & specific help
NA	5	4	3	2	1

_____ 1. Shows genuine respect and concern for students as people.
Comment:

_____ 2. Assists students or staff in obtaining further health care when needed.
Comment:

_____ 3. Assists disabled students to fully utilize all college facilities.
Comment:

_____ 4. Counsels students and staff on preventive medicine and health promotion.
Comment:

_____ 5. Students, staff and faculty feel free to return to the nurse for future help.
Comment:

_____ 6. The nurse demonstrates professional skill and competence in nursing techniques and procedures.
Comment:

_____ 7. The nurse assists other college departments to promote programs for health teaching and awareness.
Comment:

_____ 8. The nurse has been accessible to students and serves as health information center.
Comment:

_____ 9. The nurse attends staff meetings, workshops, seminars and conferences to enhance professional performance.
Comment:

_____10. The nurse maintains a positive, responsible attitude in work.
Comment:

Additional Comments:

Signature of Counselor_____Date_____

Signature of Nurse_____Date_____

_____Date_____

SELF-APPRAISAL OF COLLEGE NURSE'S FUNCTION

This evaluative tool is intended for use in conjunction with appraisals by recipients of services and other members of the Human Development Division. Annual evaluation is standard procedure for classified staff personnel in the Department of Human Development and this appraisal is used in conjunction with the Classified Staff Performance Rating Form.

Outlined below are the areas of program activity for Health Services. Rate each goal according to scale below. When change or improvement is needed, make appropriate comments and state a developmental objective for that activity, including the new goals and the time limit for completion. Developmental goals are used in future evaluation and help delineate accomplishments.

Not Applicable NA	Not Effective Needs specific Improvement 1	Needs Improvement 2	Average 3	Very Good 4	Excellent 5

CARE FOR ILLNESSES:

_____ Provides care for illnesses in conformance with the Nurse Practice Act of Maryland.

_____ Uses nursing assessment to determine need for referral to other resources.

_____ Maintains list of resources in community for diagnostic and therapeutic services.

_____ Maintains flexibility to be available during peak activity hours on campus.

_____ Provides regular scheduled hours for care which are convenient for the college community.

_____ Maintains strict confidentiality at all times concerning the details of health records including all complaints, examinations, and diagnoses.

_____ Records all visits to health services according to health services procedure manual.

_____ Dispenses non-prescription medications in conformance with health services procedure manual. Reviews client's health history to rule out contraindications, and advises client in appropriate use of medication.

Self-Appraisal of College Nurse's Function
Page 2

CARE OF INJURY

_____ Administers first aid and treatment for injuries in conformance with the Nurse Practice Act of Maryland and standard first aid procedures.

_____ Records on-campus injuries on appropriate records according to Health Services Manual.

_____ Arranges transportation for victims of injury when further diagnosis or treatment in acute care setting is needed.

_____ Maintains up-to-date first aid and CPR skills.

_____ Advises clients on rehabilitation treatments for minor injuries using printed instruction sheets and other aids.

HYPERTENSION MONITORING

_____ Maintains records of on-going blood pressure monitoring.

_____ Refers client to off-campus resources for diagnosis, treatment, and follow-up as appropriate.

_____ Conducts hypertension screening for faculty, staff and students throughout the campus on an on-going basis.

ASSISTANCE TO DISABLED PERSONS

_____ Promotes campus awareness of available services through publicity and written materials.

_____ Coordinates with Directors of Planning, Physical Plant and Human Development to expand services for disabled students.

_____ Maintains records of all students receiving parking permits and keys in accordance with Health Services Procedure Manual.

_____ Interviews students with disabilities to assess needs on campus.

_____ Develops care plans as needed for disabled students, and maintains record of services provided.

PREVENTIVE MEDICINE/HEALTH PROMOTION

_____ Conducts yearly screening programs through Health Week and Health Fair, and organizes speakers and presentations for Health Awareness Week.

_____ Reviews potential deficiencies in health care through surveys and analysis of student health records to identify existing health problems.

Self-Appraisal of College Nurse's Function
Page 3

_____ Designs programs relevant to identified health problems.

_____ Maintains supply of educational materials for use of campus community.

SUPERVISORY ACTIVITIES

_____ Provides staff nurse coverage during designated hours of operation.

_____ Screens and trains work-study personnel in Health Services.

_____ Provides guidelines for work performance of all Health Services staff, evaluates work performance.

_____ Maintains time records for all Health Services staff.

ADMINISTRATIVE SUPPORT

_____ Communicates regularly with Director of Human Development for planning and evaluation of Health Services Program.

_____ Manages Health Services budget and maintains office supplies.

_____ Coordinates on-campus and off-campus health resources.

_____ Maintains physical office and utilizes space according to needs of population.

CONSULTATION WITH PHYSICIAN CONSULTANT

_____ Consults with physician consultant via telephone and on-campus visits for problem solving and program planning.

FACULTY LIAISON

_____ Presents Health Services Program information at faculty orientations.

_____ Instructs faculty in emergency preparedness.

_____ Consults with individual faculty members who have concerns about students' health problems.

INSTITUTIONAL MAINTENANCE

_____ Participates as regular member of committees for Food Service, Adaptations for Disabled Persons, and other working groups involved with institutional maintenance.

_____ Coordinates with Director of Physical Plant and Personnel Officer to plan for emergencies on campus.

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SPECIAL PROGRAMS

_____ Acts as advisor for Health Education and Service Club and Handicapped Affairs Organization.

_____ Presents health education information upon request for academic classes and campus speaking engagements.

_____ Institutes programs of special interest such as Stop-Smoking Clinics, CPR classes, nutrition workshops according to needs of population.

REFERRALS

_____ Determines with clients the appropriate on-and-off-campus resources based on assessment of health problem.

_____ Maintains familiarity and liaison with frequently used off-campus agencies and updates referral lists accordingly.

_____ Records referrals according to Health Services Procedure Manual.

STAFF DEVELOPMENT

_____ Maintains clinical skills by participating in professional trainings and meetings.

_____ Participates in staff development programs as planner, presenter, and participant.

_____ Regularly attends staff meetings of Human Development and Health Services.

ADDITIONAL COMMENTS:

Compiled by_____ Date_____

Reviewed with:_____ Date_____

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